

ORIGINAL

to the Jewish

ADDRESS

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PRESENTED TO THE FELLOWS OF THE JEWISH HOSPITAL

WASHINGTON UNIVERSITY MEDICAL CENTER

ST. LOUIS, MISSOURI

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

IT'S A GREAT PLEASURE TO JOIN YOU TODAY. AND IT IS A DISTINCT PRIVILEGE TO BE THE FIRST HONORARY LECTURER FOR THE FELLOWS OF JEWISH HOSPITAL.

IT IS A PRIVILEGE...AND IT'S ALSO A MARVELOUS OPPORTUNITY TO HELP SET A TONE FOR WHAT I HOPE WILL BE A LONG AND EXCITING HISTORY OF PEOPLE COMING HERE TO SHARE WITH YOU THEIR KNOWLEDGE...THEIR INTUITION ...THEIR SUCCESSES...THEIR FAILURES...BUT, MOST OF ALL, TO SHARE THEIR HOPES FOR THE FUTURE OF HEALTH CARE IN AMERICA.

WITH THAT AS A KIND OF PREAMBLE, I WOULD LIKE TO THINK OUT LOUD ABOUT THREE ISSUES IN HEALTH CARE THAT INTEREST ME AND WHICH, I BELIEVE, ARE ESPECIALLY RELEVANT TO THIS EXTRAORDINARY INSTITUTION, JEWISH HOSPITAL OF ST. LOUIS. THE ISSUES ARE RESEARCH...DEMOGRAPHY... AND THE RE-DEFINITION OF HEALTH CARE IN THE FUTURE.

I BRING UP THE SUBJECT OF RESEARCH HERE BECAUSE, FIRST OF ALL, IT HAPPENS TO BE A VERY IMPORTANT MATTER FROM THE VIEWPOINT OF NATIONAL HEALTH POLICY. A SOLID R & D PROGRAM HAS BEEN -- AND REMAINS -- THE FOUNDATION FOR ALL OUR EFFORTS TO PROVIDE BETTER HEALTH AND MEDICAL CARE FOR OUR CITIZENS.

AND SECOND, I KNOW THAT JEWISH HOSPITAL HAS A VERY STRONG COMMITMENT TO RESEARCH, AS PART OF ITS OVERALL OPERATING PHILOSOPHY. INVESTIGATORS AT THIS INSTITUTION ARE PROBING INTO SOME VERY EXCITING AND PROMISING AREAS, SUCH AS IMMUNOLOGY AND LYMPHOCYTOLOGY, BONE METABOLISM AND BONE CELL FUNCTION, CANCER THERAPIES, GENETIC DISORDERS, AND SO ON.

THIS HOSPITAL COULD NOT MAKE THE KIND OF SHOWING IT HAS IN R & D -- WITH RECOGNITION COMING FROM COLLEAGUES BOTH HERE AND OVERSEAS -- UNLESS IT HAD THE UNDERSTANDING AND SUPPORT OF ITS COMMUNITY, AND, IN PARTICULAR, THE FELLOWS OF JEWISH HOSPITAL.

THE STAFF OF THIS HOSPITAL DESERVES OUR CONGRATULATIONS FOR WHAT THEY ARE ACCOMPLISHING, AND I'M SURE YOU WOULD AGREE. BUT YOU DESERVE RECOGNITION AS WELL FOR BACKING THEM UP.

OUR AMERICAN TRADITION IN SCIENCE INCLUDES THIS PLURALISTIC MIX OF PRIVATE NON-PROFIT SUPPORT, PRIVATE FOR-PROFIT SUPPORT, AND PUBLIC OR GOVERNMENTAL SUPPORT. EACH INTEREST MAY COMPETE WITH OTHER TWO, BUT THE COUNTRY WOULD BE THE LOSER, IF ANY ONE OF THOSE THREE INTERESTS RETIRED FROM THE FIELD.

DON'T MISUNDERSTAND ME. THIS IS NOT A WAY OF SAYING THAT THE GOVERNMENT IS TIRED AND WANTS OUT OF RESEARCH. FAR FROM IT. YEAR AFTER YEAR, THE LEVEL OF FEDERAL SUPPORT FOR BIOMEDICAL AND BEHAVIORAL RESEARCH HAS STEADILY GONE UP, REGARDLESS OF WHO HAS BEEN IN THE WHITE HOUSE OR WHICH PARTY HAS CONTROLLED THE CONGRESS. AND WE CAN BE SURE THAT THIS WILL BE JUST AS TRUE IN THE FUTURE AS IT HAS BEEN IN THE PAST.

SO MY CONCERN ABOUT RESEARCH FOR BETTER HEALTH CARE IS NOT POLITICAL AT ALL. RATHER, IT IS A CONCERN FOR THE BALANCE OF OUR OVERALL, NATIONAL EFFORT IN RESEARCH AND DEVELOPMENT. THE NATIONAL R & D ENTERPRISE, LIKE ANY OTHER MAJOR ACTIVITY IN OUR SOCIETY, MUST GIVE THE SAME DEGREE OF ATTENTION TO STRENGTHENING WHAT WE HAVE TODAY AS IT DOES TO INVESTING IN WHAT WE WANT TOMORROW.

SO FAR, THIS COUNTRY HAS BEEN SECOND TO NONE IN MAKING THOSE INVESTMENTS FOR THE FUTURE AND THE RECORD WILL PROVE IT:

- * WE'VE HAD OVER 60 NOBEL PRIZE-WINNERS IN MEDICINE AND RELATED STUDIES, PEOPLE WHO HAVE GENERATED A GREAT DEAL OF BASIC NEW KNOWLEDGE FOR US AND, INDEED, FOR ALL MANKIND...

- * WE'VE SET THE WORLD STANDARD IN SUCH AREAS AS VACCINE RESEARCH AND MOLECULAR AND CELLULAR RESEARCH AND WE HOLD HUNDREDS OF PATENTS THAT PROVE -- ON PAPER -- THE QUALITY OF OUR LEADERSHIP...

- * AND WE'VE PUT IN PLACE A TRULY REMARKABLE ARRAY OF RESOURCES IN OUR PUBLIC AND PRIVATE UNIVERSITIES, IN OUR FOUNDATIONS, IN BUSINESS AND INDUSTRY, AND -- OF SPECIAL IMPORTANCE TO US TODAY -- IN OUR HOSPITALS AND MEDICAL CENTERS.

THIS YEAR, WE ESTIMATE THAT THE NATION AS A WHOLE WILL INVEST CLOSE TO \$12 BILLION IN HEALTH-RELATED R & D. THAT'S A SUBSTANTIAL INVESTMENT. BUT IT IS WORTH NOTING THAT PRIVATE INDUSTRY WILL BE RESPONSIBLE FOR 39 PERCENT OF THAT...WHILE THE NATIONAL INSTITUTES OF HEALTH -- GOVERNMENT'S MAJOR HEALTH RESEARCH ORGANIZATION -- WILL BE RESPONSIBLE FOR 36 PERCENT.

THIS REFLECTS A NATIONAL TREND IN R & D, WHERE THE PRIVATE SECTOR -- ACROSS THE BOARD -- BUYS A SLIGHTLY LARGER SHARE OF RESEARCH ACTIVITY THAN THE GOVERNMENT DOES.

ONE OF THE HALLMARKS OF ALL THAT ACTIVITY AS RECENTLY AS THE DECADE OF THE 1970s WAS THE MAINTENANCE OF A STRONG EFFORT IN BASIC RESEARCH, THE KIND THAT TURNS UP BRAND-NEW KNOWLEDGE. THE GOVERNMENT LED THE WAY IN THE FUNDING OF BASIC RESEARCH, BUT IT WAS NOT ALONE. THE PRIVATE SECTOR ALSO SUPPORTED A LARGE COMMUNITY OF RESEARCHERS DIGGING AWAY AT THE VERY FRONTIERS OF KNOWLEDGE.

BUT IN RECENT YEARS WE HAVE SEEN A GRADUAL SHIFT IN PRIORITIES, RAISING THE POSSIBILITY THAT OUR NATIONAL RESEARCH EFFORT COULD LOSE ITS HISTORIC SENSE OF BALANCE.

FOR EXAMPLE, WHILE FEDERAL SUPPORT CONTINUES TO RISE, THE LEVEL OF FEDERAL DOLLARS FOR BASIC BIOMEDICAL RESEARCH IS GOING DOWN. NOTHING DRAMATIC, OF COURSE, BUT DROPPING NEVERTHELESS BY A FEW PERCENTAGE POINTS EACH YEAR.

THE PRIVATE SECTOR, ON THE OTHER HAND, IS NOT TAKING UP THE SLACK. INSTEAD, BOTH GOVERNMENT AND THE PRIVATE SECTOR ARE INVESTING MORE HEAVILY IN APPLICATIONS AND DEVELOPMENT...THE "D" IN R & D. WE'RE ALL COMPETING FOR THE BEST AVAILABLE TALENT TO HELP US APPLY THAT PRICELESS BASIC RESEARCH KNOWLEDGE WE ACQUIRED BACK IN THE 1970s.

BUT OUR RESOURCES FOR THIS WORK ARE NOT INFINITE. WE'RE A RICH COUNTRY, YET THERE ARE LIMITS TO THE PEOPLE, FACILITIES, AND DOLLARS AVAILABLE FOR BIOMEDICAL AND BEHAVIORAL RESEARCH. THAT MEANS WE'VE GOT TO DO A BETTER JOB AT EVALUATING OUR RESEARCH PROGRAMS, WHETHER IN GOVERNMENT, IN INDUSTRY, OR IN MEDICAL CENTERS, SUCH AS JEWISH HOSPITAL HERE IN ST. LOUIS. WE NEED TO TAKE A LONGER VIEW OF WHAT WE NEED TO KNOW.

IF WE DO, THEN I THINK WE'LL COME AROUND TO ACCEPTING AGAIN THAT NOTION OF A "BALANCED RESEARCH PROGRAM" AND WE'LL BEGIN WORKING TO RECLAIM IT. BECAUSE OF THE STEADY SHIFT THAT'S GOING ON, AWAY FROM BASIC RESEARCH AND TOWARDS FINDING NEW APPLICATIONS FOR THE MARKET-PLACE, NOW IS THE TIME TO WORRY ABOUT OUR ABILITY TO PUT NEW KNOWLEDGE "IN THE BANK," SO TO SPEAK, IN PREPARATION FOR THE 21ST CENTURY.

THAT'S A TOUGH ISSUE. I'M SURE THAT MANY OF YOU HERE TODAY HAVE TRIED TO DEAL WITH IT IN THE CONTEXT OF YOUR OWN BUSINESSES. HOW DO YOU PUT ASIDE SOME MONEY TO MAKE SURE THAT YOUR COMPANY WILL NOT LACK THE FACILITIES AND THE KNOWLEDGE AND THE PEOPLE TO BE STRONG YEARS AND YEARS INTO THE FUTURE? IT'S HARD TO DO. AND I CAN ASSURE YOU THAT IT'S EVEN HARDER FOR GOVERNMENT TO DO.

IN A WAY, THAT BRINGS UP THE SECOND ISSUE, WHICH IS...THE CHANGING DEMOGRAPHY OF THE UNITED STATES...OR, AS MOST PEOPLE NOW CALL IT, "THE GRAYING OF AMERICA."

I'M SURE YOU'VE READ THE STATISTICS, SO I'LL SKIP MOST OF THEM AND GET TO THE PUNCH-LINE:

EARLY IN THE NEXT CENTURY, ABOUT 1 IN 5 AMERICANS WILL BE OVER THE AGE OF 65. A SIZEABLE NUMBER OF THEM WILL BE OVER 75. AND ALL SIGNS POINT TO THIS GROUP AS HAVING MUCH BETTER HEALTH THAN IS ENJOYED BY PEOPLE THE SAME AGE TODAY.

AS MUCH AS PEOPLE HAVE WRITTEN ON THIS SUBJECT -- IN TIME AND NEWSWEEK AND IN EVERY MAJOR SUNDAY NEWSPAPER -- WE HAVE ONLY THE VAGUEST IDEA OF WHAT'S AHEAD OF US. WE CAN'T DRAW ON ANYONE ELSE'S EXPERIENCE BECAUSE, TO THE BEST OF OUR KNOWLEDGE, NO SOCIETY THAT WE ARE AWARE OF IN HUMAN HISTORY HAS EVER HAD TO COPE WITH A POPULATION SO HEAVILY TILTED TOWARD ITS AGING.

IN OUR OWN COUNTRY, FOR EXAMPLE, THE CLOSEST WE COME IS THE STATE OF FLORIDA, WHERE 1 PERSON OUT OF EVERY 6 IS OVER THE AGE OF 65. HERE IN MISSOURI IT'S CLOSER TO 1 OUT OF 8. SO WE'VE GOT A LOT TO LEARN ABOUT HEALTH CARE IN A SOCIETY WHOSE AGED POPULATION IS GOING TO BE 1 OUT OF 5 OF THE TOTAL POPULATION.

BUT MUCH OF WHAT WE HAVE TO LEARN SIMPLY RUNS COUNTER TO JUST ABOUT EVERYTHING TAUGHT IN MEDICAL SCHOOL. THERE, THE STUDENT-PHYSICIAN LEARNS ABOUT "FOLLOW-THROUGH" AND "FOLLOW-UP" AND "LINKAGES" AND SO ON. YOU'RE ADVISED TO TELL THE PATIENT TO RETURN AGAIN IN 6 MONTHS AND LOOK FOR THIS. THEN, AFTER A YEAR, YOU HAVE THE PATIENT COME BACK AND YOU LOOK FOR THAT.

BUT THE AGING EXPERIENCE LEADS TO A TERMINAL END-POINT...THE AGED PATIENT PROGRESSES STEADILY TOWARD HIS OR HER OWN DEATH. THERE MAY BE VERY LITTLE TIME FOR "FOLLOW-THROUGH" OR "FOLLOW-UP"...AND THE PATIENT MAY DIE MONTHS BEFORE THAT FIRST RETURN APPOINTMENT.

PHYSICIANS WHO HAVE BEEN TRAINED TO PROVIDE THEIR PATIENTS WITH A LONG-TERM CONTINUUM OF REPARATIVE AND CURATIVE CARE ARE OFTEN FRUSTRATED BY THE CONFINEMENT AND THE FINALITY OF MEDICAL CARE FOR THE AGED. AS A RESULT, MANY PHYSICIANS DON'T ADVISE THEIR 70-YEAR-OLD PATIENTS TO STOP SMOKING. WHY BOTHER? "LET THEM ENJOY THEIR LITTLE VICE WHILE THEY CAN."

AND THEY PASS UP ANY CHANCE TO SUGGEST A ROUTINE OF PHYSICAL EXERCISE TAILORED FOR OLDER PEOPLE. WHY SHOULD THEY? "WHEN OLD PEOPLE GET TOO ACTIVE, THEY HURT THEMSELVES."

I DON'T BELIEVE I'M OVER-STATING THE CASE EITHER. A GREAT MANY OF OUR PRACTICING PHYSICIANS -- LIKE A GREAT MANY AMERICANS IN GENERAL -- HAVE GROWN UP WITH CERTAIN STEREOTYPICAL PRECONCEPTIONS ABOUT OLD PEOPLE...PRECONCEPTIONS THAT ARE NOT ONLY WRONG BUT ARE ALSO BARRIERS TO THE DELIVERY OF GOOD HEALTH CARE. AND THAT'S EXACTLY THE KIND OF THING WE HAVE TO ADDRESS IN THE YEARS AHEAD.

THE GREAT DANGER, OF COURSE, IS THAT THESE AGE-PREJUDICES BECOME, IN MEDICINE AS ELSEWHERE, SELF-FULFILLING PROPHECIES. LET ME GIVE YOU AN EXAMPLE.

THE AGING PROCESS IS MOST OFTEN PERCEIVED -- INCORRECTLY, I MIGHT ADD -- AS A CHAIN OF SUCCESSIVE AND PREDICTABLE EVENTS. A PHYSICIAN WILL SAY, "YOU KNOW, YOUR FATHER IS GETTING ON IN YEARS. SO, YOU CAN EXPECT THIS TO HAPPEN...AND THEN THAT WILL HAPPEN. AND YOU SHOULD PREPARE YOUR FAMILY FOR THIS OTHER THING TO HAPPEN."

IT ALL SOUNDS REASONABLE, ORDERLY, AND THEREFORE SOMEHOW COMFORTING, ESPECIALLY TO ANOTHER MIDDLE-AGED PERSON WHO MAY SHARE THE SAME PREJUDICES AS THE PHYSICIAN. BUT LIFE IS NOT A VERY ORDERLY OR PREDICTABLE PROCESS, REGARDLESS OF HOW OLD YOU ARE. EVENTS TUMBLE IN ONE UPON THE OTHER...PEOPLE INTERACT IN NOVEL WAYS AND CAUSE OTHER THINGS TO HAPPEN...AND THE ENVIRONMENT ITSELF CHANGES, TRIGGERING OTHER AND EQUALLY UNPREDICTABLE RESPONSES.

THAT IS ALL PART OF NORMAL LIVING. AND WHEN AN AGED PERSON LIVES NORMALLY -- MOVED BY EVENTS, PEOPLE, AND THE ENVIRONMENT IN A RATHER RANDOM FASHION -- THE REST OF US BECOME CONFUSED AND EVEN FEARFUL. SO WE CONCLUDE THAT "SOMETHING IS WRONG WITH DAD. THIS IS HAPPENING WAY AHEAD OF SCHEDULE AND THAT SHOWS NO SIGN OF HAPPENING AT ALL." IN OTHER WORDS, "DEVIATION" FROM AN ANTICIPATED NORM BECOMES A CAUSE FOR CONCERN...EVEN THOUGH THE PERCEIVED "DEVIATION" IS REALLY HEALTHFUL BEHAVIOR.

OLD PEOPLE ARE VICTIMIZED BY THIS KIND OF RESPONSE. IF WE ANTICIPATE THAT DETERIORATION IS GOING TO TAKE PLACE, THEN WE ARE INCLINED TO FEED AND MEDICATE THE OLDER PERSON AS IF DETERIORATION WERE IN FACT TAKING PLACE. AS A RESULT, THE OLDER PERSON MAY BECOME MALNOURISHED AND LISTLESS...AND THEN BEGIN TO DETERIORATE, FULFILLING OUR PROPHECY.

OVER-MEDICATION IS ANOTHER DANGEROUS MODE OF PHYSICIAN BEHAVIOR TOWARD THE ELDERLY. ONCE AGAIN, WE HAVE BEEN TAUGHT THAT THE AGING PERSON USUALLY PRESENTS CERTAIN SYMPTOMS AND, HENCE, WILL REQUIRE CERTAIN MEDICATIONS. WE TEND TO ANTICIPATE THE ARRIVAL OF THE SYMPTOMS AND SO WE GO AHEAD AND ADMINISTER THE MEDICATIONS TOO SOON. AND WHAT IS THE OUTCOME? THE OLDER PATIENT IS ADVERSELY AFFECTED BY THE MEDICATIONS AND BEGINS TO DEMONSTRATE THAT BEHAVIOR. THAT, OF COURSE, REINFORCES THE ERRONEOUS EARLIER DIAGNOSIS...BUT IT ALSO FULFILLS THE PROPHECY OF DETERIORATION.

WHAT I HAVE JUST DESCRIBED IN A KIND OF SHORT-HAND FORM IS A VERY SERIOUS ISSUE FACING PHYSICIANS AND HOSPITALS. THE FACT IS THAT, IN THE NOT-TOO-DISTANT FUTURE, A SIZEABLE PORTION OF OUR POPULATION WILL BE CALLED "THE ELDERLY." AND RIGHT NOW, THE MEMBERS OF THE MEDICAL PROFESSION TEND TO SEE THE ELDERLY WITH PECULIAR AND OUT-DATED VISION.

THIS ALWAYS REMINDS ME OF AN INCIDENT INVOLVING MS. GLORIA STEINEM. I RARELY HAVE AN OCCASION TO QUOTE HER, BUT THIS IS CERTAINLY ONE. THE INCIDENT OCCURRED 10 YEARS AGO ON HER 40TH BIRTHDAY, WHEN AN ADMIRER CAME UP AND SAID, "GLORIA, YOU DON'T LOOK 40." TO WHICH MS. STEINEM REPLIED, "YOU'RE WRONG. THIS IS WHAT 40 LOOKS LIKE."

EARLIER THIS YEAR, GLORIA STEINEM TURNED 50 AND SO DID SHIRLEY MacLAINE AND SOPHIA LOREN AND A FEW OTHER FAMOUS PERSONALITIES. THEIR PICTURES WERE IN ALL THE NEWSPAPERS, IN MAGAZINES, AND ON TELEVISION. AND MILLIONS OF YOUNGER PEOPLE SAW JUST WHAT 50 LOOKS LIKE. AND I THINK THEY ALL HAD TO AGREE THAT 50 LOOKED GREAT.

LADIES AND GENTLEMEN, I MIGHT ADD THAT YOU ARE NOW LISTENING TO -- AND LOOKING AT -- THE OLDEST PERSON EVER TO HOLD THE OFFICE OF SURGEON GENERAL. I AM 67 YEARS OLD...AND I'M DELIGHTED TO SAY THAT THIS IS WHAT 67 LOOKS LIKE.

OF COURSE, DESPITE SUCH GOOD FEELINGS, WE STILL KNOW THAT THE MYSTERY OF IT ALL REMAINS. FOR EACH OF US, THE QUESTION IS STILL THERE: "WHEN WILL THIS ALL BE OVER?"

WELL, WE JUST DON'T KNOW. EVEN THOUGH THE LIFE EXPECTANCY OF AMERICANS KEEPS INCHING UP YEAR AFTER YEAR, WE UNDERSTAND THAT WE ARE NOT IMMORTAL. LIKE EVERY OTHER ORGANIC, LIVING THING ON THIS PLANET, WE, TOO, HAVE SOME BIOLOGICAL OR GENETIC TIMING MECHANISM THAT WILL SIGNAL THE END OF OUR OWN INDIVIDUAL ADVENTURE ON EARTH.

BUT UNTIL THAT SIGNAL COMES, WE MUST CONTINUE TO LIVE A LIFE THAT IS AS HEALTHFUL AND AS PERSONALLY SATISFYING AS IT CAN POSSIBLY BE. AND WE MUST DEMAND THAT OUR PHYSICIANS GIVE US THE KIND OF MEDICAL CARE THAT IS PREDICATED ON THOSE REALITIES OF THE AGING EXPERIENCE. WE MUST REJECT MEDICAL CARE THAT REINFORCES THE ERRORS AND PREJUDICES OF THE PAST.

I HAPPEN TO THINK THAT THE QUALITY OF HEALTH CARE FOR OUR AGED IS SO IMPORTANT AN ISSUE FOR AMERICAN MEDICINE THAT I HAVE DEVOTED A LARGE PERCENTAGE OF MY TIME TO IT OVER THE PAST THREE YEARS. AND I INTEND TO DEVOTE MORE TIME TO THIS ISSUE DURING THE REMAINING YEAR OF MY FOUR-YEAR APPOINTMENT AS YOUR SURGEON GENERAL.

AND INCIDENTALLY, I LOOK UPON THIS HOSPITAL AS BEING UNIQUELY EQUIPPED TO DEVELOP JUST SUCH A REALISTIC APPROACH TO HEALTH CARE FOR THE AGED. YOU NOW HAVE, AS MEMBERS OF YOUR HOSPITAL COMMUNITY, A LARGE GROUP OF HEALTHY, ACTIVE, ELDERLY PEOPLE. THESE ARE THE MORE THAN 10,000 CARD-CARRYING MEMBERS OF "OASIS," THE OLDER ADULT SERVICE AND INFORMATION SYSTEM.

TO SUCCESSFULLY PROVIDE FOR A HEALTHY OLD AGE, YOU HAVE TO DESIGN PROGRAMS THAT NOT ONLY ANSWER MEDICAL QUESTIONS BUT ALSO HELP OLDER ADULTS REMAIN ACTIVE, INVOLVED, AND CONTRIBUTING MEMBERS OF SOCIETY. AND "OASIS" SEEMS TO DO JUST THAT. AS OF THE FIRST OF THIS MONTH, AS I UNDERSTAND IT, THIS INNOVATIVE PROGRAM BECAME A PART OF JEWISH HOSPITAL. YOU ARE ALL TO BE CONGRATULATED FOR BRINGING ABOUT THIS POTENTIALLY VERY IMPORTANT PARTNERSHIP OF EXPERIENCE. AND "OASIS," WHICH CELEBRATES ITS SECOND BIRTHDAY THIS WEEK, IS TO BE CONGRATULATED, ALSO. AND I WOULD BE REMISS IF I DID NOT CONGRATULATE AND THANK THE MAY STORES FOR THEIR ROLE IN "OASIS" OFF THE GROUND.

"OASIS" SHOULD REPRESENT, FOR THIS HOSPITAL, A READY-MADE POPULATION OF ELDERLY WHO ARE BUSY, ACTIVE, AND INQUISITIVE...WHO HAVE THE CAPACITY TO LEARN...AND WHO ALSO HAVE THE CAPACITY TO HEAL AND TO BE RENEWED. HERE ARE PEOPLE FROM THIS ST. LOUIS AREA WHO OUGHT TO BE GIVEN THE CHANCE TO TEACH THE STAFF AND THE ADMINISTRATION OF JEWISH HOSPITAL SOME OF THE NEW REALITIES ABOUT GROWING OLD IN AMERICA... REALITIES THAT WE NEED TO ABSORB AND PROCESS DURING THESE WANING YEARS OF THE 20TH CENTURY.

AND I MUST SAY, YOU ARE NOT AT A LOSS FOR OPPORTUNITIES. FOR EXAMPLE, DRS. WILLIAM PECK AND LOUIS AVIOLI OF THIS HOSPITAL ARE LEADING YOUR BIOMEDICAL RESEARCH EFFORT IN OSTEOPOROSIS, ONE OF THE MOST SIGNIFICANT AND CALAMITOUS DISEASES OF THE ELDERLY. IT STRIKES ABOUT 20 MILLION AMERICANS EACH YEAR, MOST OF THEM WOMEN OVER THE AGE OF 55. IT ALTERS THEIR WAY OF LIFE -- AND THE CHANGE IS ALMOST ALWAYS FOR THE WORSE.

THE COST TO SOCIETY FOR THE DETECTION AND TREATMENT OF OSTEOPOROSIS -- PLUS THE SOCIAL AND EMPLOYMENT LOSSES -- IS ESTIMATED TO BE AN INTOLERABLE \$3.8 BILLION A YEAR.

THE INTEREST AT THIS HOSPITAL IN OSTEOPOROSIS IS IMPORTANT, NOT ONLY FOR THE PEOPLE OF ST. LOUIS BUT FOR THE PEOPLE OF THE NATION. BUT THERE IS MORE TO THE RESEARCH EFFORT THAN AN INVESTIGATION OF ITS PATHOLOGY. WE ALSO NEED TO LOOK AT THE WAY PEOPLE FUNCTION DURING THE ONSET OF THE DISEASE...HOW THEY COPE WITH IT AND HOW THEY COULD COPE WITH IT, WITH SOME ADDITIONAL HELP...WE NEED TO LEARN ABOUT WAYS TO PREVENT THE DISEASE FROM OCCURRING, AS WELL AS WAYS TO PREVENT IT FROM TOTALLY DISABLING ITS VICTIMS, AFTER IT STRIKES.

FOR THIS KIND OF TOTAL BIOMEDICAL AND BEHAVIORAL RESEARCH PROGRAM, YOU NEED SUBJECTS WHO ARE HEALTHY, ALERT, AND INTERESTED...YOU NEED OLDER PEOPLE WITHOUT THE DISEASE SYMPTOMS, IN ADDITION TO THOSE WHO ARE ALREADY OSTEOPOROTIC. I WOULD THINK THE PRESENCE OF THE "OASIS" PROGRAM WITHIN THIS INSTITUTION MIGHT MAKE THIS KIND OF RESEARCH EFFORT ALL THE MORE POSSIBLE.

IN THIS CONNECTION, LET ME SAY THAT, EARLY IN THIS NEXT FISCAL YEAR, WHICH IS ONLY A WEEK AWAY, I HOPE TO AWARD THIS HOSPITAL AND ITS "OASIS" CONNECTION A SUBSTANTIAL PUBLIC HEALTH GRANT IN THIS VERY TOPIC. IN MY OPINION, THAT MONEY SHOULD BUY US SOME MUCH-NEEDED INFORMATION ABOUT THE CAUSES AND THE PREVENTION OF OSTEOPOROSIS AMONG THE ELDERLY.

I'VE SPENT THE PAST FEW MINUTES DISCUSSING THE SECOND ISSUE OF THE THREE I CAME WITH TODAY. THAT'S THE ISSUE OF DEMOGRAPHY...OF THE EVOLVING CHANGE IN THE BALANCE OF AGE GROUPS WITHIN OUR SOCIETY. AND IN THE COURSE OF MY REMARKS I'VE ACTUALLY BEEN QUITE CONVENTIONAL. THAT IS, I'VE TALKED A LOT ABOUT AGING FROM A DISEASE OR PATHOLOGICAL POINT OF VIEW. AND THAT'S FAIRLY TYPICAL, BECAUSE PHYSICIANS AND HOSPITAL STAFFS ALWAYS WANT TO KNOW WHAT IS WRONG WITH YOU SO THAT THEY CAN FIX IT. BUT FOR THE FUTURE, THAT APPROACH IS NOT GOING TO WORK. AND THAT BRINGS ME TO MY THIRD AND FINAL ISSUE:

THIS IS THE ISSUE OF DEFINITION...THE ISSUE OF "WHAT WILL THE WORD 'HEALTH' MEAN IN THE YEARS AHEAD?"

I BELIEVE IT'S TIME WE BEGAN TO ROUTINELY LOOK AT HEALTH AS A POSITIVE CONDITION BY ITSELF, AND NOT JUST A CONDITION IN WHICH THERE IS NO EVIDENCE OF ILLNESS. IN OTHER WORDS, A HEALTHY OLDER PERSON IS MUCH MORE THAN JUST A PERSON WITH NO SIGNS OF NEUROPATHOLOGY OR WHO DOES NOT HAVE A CARDIOVASCULAR CONDITION.

BUT THIS IS NOT SOMETHING WE SHOULD RESERVE JUST FOR OLDER PEOPLE. IT IS A POINT OF VIEW THAT PHYSICIANS, NURSES, HOSPITAL ADMINISTRATORS...THE WHOLE HEALTH COMMUNITY...NEEDS TO ADOPT OVER TIME. AND THE REASONS ARE TWO-FOLD:

FIRST, THE RESEARCH EFFORTS OF THE PAST SEVERAL DECADES HAVE LED TO MODES OF HEALTH CARE THAT -- DESPITE MY CRITICISMS TODAY -- HAVE HELPED GIVE AMERICANS THE BEST OVERALL HEALTH STATUS SINCE THOSE RECORDS HAVE BEEN KEPT.

AND SECOND, AT THE WORKING CENTER OF OUR NATION TODAY IS A GENERATION THAT IS THE MOST HEALTH-CONSCIOUS, HEALTH-KNOWLEDGEABLE GENERATION IN HISTORY. THEY ARE IN THEIR 20s AND 30s AND THEY ARE THE "BABY BOOM" JOGGERS AND HEALTH-FOOD FANATICS, THE SWIMMERS AND THE EXERCYCLERS... THEY ARE THE ONES WHO ARE "DEALING WITH STRESS" AND ARE "IN TOUCH WITH THEIR FEELINGS." SOME OF THIS IS TO AVOID ILLNESS, THAT'S TRUE. BUT MOST OF IT IS POSITIVE. MOST OF THE HEALTH-RELATED ACTIVITY OF THE "BABY BOOM" GENERATION IS GEARED TO PERPETUATE AND TO ENJOY ONE'S OWN GOOD HEALTH.

AND BY THE WAY, "BABY BOOMERS" AND THEIR POSITIVE HEALTH FEELINGS ARE WINNING THE WAR AGAINST CIGARETTES. JUST THIS PAST SPRING I CALLED FOR A "SMOKE-FREE SOCIETY BY THE YEAR 2000" AND THE RESPONSE HAS BEEN TERRIFIC. A GROWING NUMBER OF HOSPITALS AROUND THE COUNTRY ARE, LIKE JEWISH HOSPITAL, STRENGTHENING THEIR SMOKING CESSATION PROGRAMS AND BANNING THE SALE OF ALL TOBACCO PRODUCTS ON THEIR PREMISES. I WOULDN'T BE SURPRISED IF THIS COUNTRY HAS SMOKE-FREE HOSPITALS WELL BEFORE THE YEAR 2000.

WHAT DOES ALL THIS HAVE TO DO WITH OUR UNDERSTANDING OF THE WORD "HEALTH"? I THINK THE IMPLICATIONS ARE ENORMOUS. FOR EXAMPLE...

* IF OUR COUNTRY DOES ACHIEVE THE HOPED-FOR SMOKE-FREE STATUS BY THE NEXT CENTURY, THEN MUCH OF THE OFTEN-FATAL HEART DISEASE, CANCER, AND GASTROINTESTINAL DISEASE ASSOCIATED WITH SMOKING SHOULD DECLINE...

* AND AS A RESULT OF A BETTER UNDERSTANDING OF NUTRITION...THE NEW POPULARITY OF BRAN AND OTHER WHOLE GRAINS...AND THE MORE CAUTIOUS APPROACH BY CONSUMERS TOWARD HIGH CHOLESTERAL FOODS, WE COULD SEE A MARKED DROP IN MANY DIET-RELATED DISEASES OF THE CARDIOVASCULAR SYSTEM...

* AND AS A RESULT OF STIFFER DRUNK-DRIVING LAWS AND A UNIVERSAL ACCEPTANCE OF SEAT-BELTS, WE COULD SEE A SHARP DROP IN THOSE NEURO-MUSCULAR AND MUSCULOSKELETAL COMPLAINTS THAT PLAGUE THE LIVES OF SURVIVORS OF AUTO ACCIDENTS...

* AND AS A RESULT OF OUR RECENT AND MASSIVE CHILD IMMUNIZATION PROGRAMS, THE CHILDREN OF THE "BABY BOOM" GENERATION WILL NOT HAVE HAD CONGENITAL RUBELLA OR MEASLES AND, THEREFORE, WILL NOT ENTER THEIR SENIOR YEARS WITH THE DISEASE-RELATED BURDENS OF BLINDNESS AND DEAFNESS, MENTAL RETARDATION, OR WEAKENED HEARTS. AND THEY WILL BE THE FIRST GENERATION IN HUMAN HISTORY TO BE TOTALLY FREE OF TETANUS.

THESE AND OTHER POSSIBLE DEVELOPMENTS ARE ALL REASONS TO REJOICE. BUT THEY ARE ALSO REASONS FOR US TO LOOK AGAIN AT THAT WORD "HEALTH" TO SEE IF WE REALLY KNOW WHAT IT CAN MEAN FOR THE FUTURE AND IF WE ARE TRULY READY TO LIVE WITH THAT NEW MEANING.

AND IF YOU'RE DEVOTED TO YOUR HOSPITAL, AS I KNOW ALL OF YOU ARE, THESE ARE ALSO GOOD REASONS TO MAKE YOU RE-EVALUATE THE FUTURE ROLE OF THIS AND OTHER HOSPITALS BECAUSE THEIR SERVICE TO THEIR COMMUNITIES MIGHT NO LONGER BE THE CURING OF DISEASE BUT MUST RATHER INCLUDE THE ADDITIONAL SERVICE OF REINFORCING GOOD HEALTH.

I BEGAN THESE REMARKS BY SAYING THAT I HOPED I MIGHT CONTRIBUTE TO THE FUTURE TONE OF THESE LECTURES FOR THE FELLOWS OF JEWISH HOSPITAL. BY THAT I MEANT THAT MAYBE THE CONCERNS OF YOUR GUESTS WOULD INCLUDE SOMETHING OF THEIR VISION OF THE FUTURE OF HEALTH CARE IN THIS COUNTRY AND THE ROLE THAT THIS HOSPITAL, WITH ITS STAFF AND ITS THOUSANDS OF DEVOTED SUPPORTERS, MIGHT PLAY IN SUCH A FUTURE.

I THINK, FOR EXAMPLE, THAT THE FUTURE VITALITY OF OUR HEALTH CARE SYSTEM WILL DEPEND PRIMARILY ON OUR ABILITY TO DEVELOP NEW KNOWLEDGE ABOUT HEALTH THROUGH A VIGOROUS NATIONAL PROGRAM OF BIOMEDICAL AND BEHAVIORAL RESEARCH.

BUT MEDICINE -- LIKE EVERY OTHER IMPORTANT ACTIVITY IN OUR SOCIETY -- MUST ADJUST TO THE NEW REALITIES OF DEMOGRAPHY, THE CHANGING NATURE OF OUR POPULATION, AND THE NEW MODES OF CARE THAT IT MAY REQUIRE.

AND SO I BELIEVE WE'VE GOT TO START NOW TO THINK ABOUT THE FUTURE ROLE OF MEDICINE...OF PHYSICIANS...OF HOSPITALS...INDEED, OF EVERYONE IN THE HEALTH CARE SYSTEM. CHANGE IS OCCURRING, WHETHER WE'RE READY FOR IT OR NOT. THERE ARE INEXORABLE FORCES SHAPING THE FUTURE OF OUR COUNTRY. WE OUGHT TO HAVE THE GOOD SENSE TO RECOGNIZE THEM AND SOMEHOW HELP OUR CHILDREN DEAL WITH THEM.

IN THIS CONNECTION, THERE IS A QUOTATION THAT IS A FAVORITE OF MINE, AS I'M SURE IT IS OF YOURS. AND I THINK IT APPLIES EXACTLY TO WHAT I'VE JUST BEEN TALKING ABOUT. IT IS MADE UP OF THE THREE QUESTIONS OF THE GREAT TEACHER, HILLEL, WHO LIVED ABOUT 2,000 YEARS AGO. HE ASKED...

"IF I AM NOT FOR MYSELF, WHO WILL BE FOR ME? BUT IF I'M ONLY FOR MYSELF, WHAT AM I? AND IF NOT NOW, WHEN?"

YES, THERE IS MUCH TO BE DONE IN THE WORLD OF HEALTH CARE...TODAY ...FOR OURSELVES, FOR OUR FAMILIES, AND FOR OUR COMMUNITY. BUT THERE IS ALSO MUCH GOOD WORK TO DO FOR OTHERS, FOR PEOPLE WHO ARE -- AND WHO ALWAYS WILL BE -- UNKNOWN TO US...ESPECIALLY THOSE PEOPLE WHO ARE COMING ALONG BEHIND US.

HOWEVER, AS HILLEL WARNS US, WE CANNOT PUT OFF THE DECISION TO BE INVOLVED. WE'VE GOT TO DO WHAT WE HAVE TO DO...AND WE'VE GOT TO DO IT NOW.

THANK YOU VERY MUCH FOR YOUR INVITATION. AND PLEASE ACCEPT MY BEST WISHES FOR A HAPPY NEW YEAR.

THANK YOU.

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